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**ШЕСТИ КОНГРЕС НА
МАКЕДОНСКОТО ЗДРУЖЕНИЕ
ПО КАРДИОЛОГИЈА СО
МЕЃУНАРОДНО УЧЕСТВО**

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P50. Microembolic thromboembolism, thrombophilia and graviditas

S. Dokuzova, M. Shorova, A. Ilieva, S. Mihailov, G. Kamceva, A. Jordanova

Clinical Hospital Stip, Department of Internal Disease, Stip, N.Macedonia

Case report: A.I.35 year's old woman, non smoker, with chest pain, dyspnea and high temperature 39 C in past 3 days came to our department. From previous medical history: St.,post PTE(microembolic-with spect pulmo in 2016); St.post thrombosis vena safenae magna lat.dex; St.post bronchopneumoniam;St.post opp.tu mammae lat.sin; Rhinosinusitis chr alergica.S.C.for two times and the second with complication. She has stopped taking Xarelto a 20 mg,1x1 in the last two months.She is a doctor and insisted to be transported to Clinic of Pulmology in Skopje.She has sustained thrombophilia heterozigotic mutation on PAI 1 and homozigotic mutation on MTHFR. Laboratory analyses and gynecologist exam confirmed early third pregnancy which finished with abortus. **Conclusion:** Patients with thrombophilia must be diagnosed early and treated in different levels especially young women who are pregnant.

P51. Case report: Stenting of occluded common iliac artery through left brachial approach

B. Stefanovski, D. Manchevski, N. Bakracheski, E. Kovaceska Bashuroska, S. Mitreski, D. Razmoski, V. Mojsovska

Special hospital for prevention, treatment, and rehabilitation on cardiovascular disease, Ohrid, N. Macedonia

Introduction: One of the main challenges when treating completely occluded iliac arteries is achieving safe initial passage of the occlusion. To maximize the interventional success rate, it is of great importance to choose the appropriate interventional access strategy. Transbrachial approach is very useful for common iliac artery recanalization. **Methods and Material:** A 72 y.o. male patient was admitted in our hospital with intermittent claudications of both legs. Angiogram showed common iliac artery occlusion of the right and severe SFA stenosis of the left leg. We used left brachial approach, with an insertion of a 6F Destination sheath. With the support of NaviCross catheter, we advanced the 0.035 hydrophilic guidewire beyond the lesion. We proceeded to predilatation, using 4.0x200 mm and 5.0x120 mm balloon catheters. After that, we implanted 8.0x80

mm and 8.0x120 mm balloons. We finished the procedure by inflating to 12 atm using the lesion crossing technique of the right femoral artery. The subsequent leg showed no brachial access site complications of catheter removal and pushback of cerebral embolism. The leg was painless and the leg was warm.

P52. Efficacy of treatment of acute DVT. Case report

M. Shuslev

PHO Atikcon

Background

time interval between the first and second anticoagulation was 14 days. The patient was opposed to a second anticoagulation in the presence of a second DVT. The patient had a common iliac artery stenosis (calf) vein thrombosis and hypertension. The patient had previous unprovoked DVT. The patient used plane treatment. The patient had pain, swelling, and tenderness. D-dimers were elevated. The patient had examination of the leg. The patient had propagation to the femoral and common iliac vein. After the patient had incremental increase in the leg size. 3 months after the patient had the superficial vein thrombosis (achieved) along the leg. The patient had bleeding complications. The patient had persistently no factor for the DVT.